

Daily Update: 11/26/2008

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*Note: Next Daily Update will be (not so daily this week!): Thursday, Dec. 4. Have a healthy, happy thanksgiving.*

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[Testing, Immediately Treating HIV/AIDS Cases in Africa Could Halt Epidemic, Model Predicts](#)

[Advocates Urge Obama Administration To Develop U.S. HIV/AIDS Strategy](#)

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[Kaiser Awards \\$1 Million in Grants for HIV/AIDS Efforts in California](#)

[Available position, February, 2009: Senior Physician, County of San Diego, HIV, STD, Hepatitis Branch.](#)

## Testing, Immediately Treating HIV/AIDS Cases in Africa Could Halt Epidemic, Model Predicts

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[http://www.kaisernetwork.org/daily\\_reports/rep\\_index.cfm?DR\\_ID=55765](http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=55765)

Testing all adults annually for HIV and immediately treating every person who tests positive "could virtually end the AIDS epidemic in Africa in about a decade," according to a mathematical model published Wednesday in the journal *Lancet*, the Washington Post reports. The "thought experiment" underscores the "usefulness of antiretroviral drugs as tools for preventing the spread of HIV infection as well as treating it" (Brown, Washington Post, 11/26). According to the AP/Google.com, this "intriguing solution" to ending the HIV/AIDS epidemic is "based on assumptions rather than data and is riddled with logistical problems." For the study, Charlie Gilks, an AIDS treatment expert at the World Health Organization, and colleagues used data from South Africa and Malawi. In the model, people were voluntarily tested each year and immediately given antiretrovirals if they were found to be HIV-positive, even if they were not ill. Within 10 years, HIV cases decreased by 95% (Cheng, AP/Google.com, 11/25). According to the Post, under this strategy, incidence rates would decrease from 20 new cases per 1,000 people annually to one case per 1,000 people annually in about 10 years (Washington Post, 11/26). Other initiatives such as comprehensive sex education and male circumcision also were used (AP/Google.com, 11/25). The model assumed that all HIV cases were transmitted through heterosexual sex (Kahn, Reuters, 11/25). The model also assumed that HIV testing would be voluntary and that no one would be forced to start treatment.

According to the Post, about 20% of HIV-positive people in developing countries are aware of their status, and this model would detect most cases (Washington Post,

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11/26). According to the researchers, the strategy would reduce the estimated number of AIDS-related deaths between 2008 and 2050 by about 50%, from about 8.7 million to 3.9 million deaths, leaving only sporadic HIV cases (AP/Google.com, 11/25). They wrote, "Although other prevention strategies, alone or in combination, could substantially reduce HIV incidence, our model suggests that only universal voluntary testing and immediate initiation of antiretroviral drugs could reduce transmission to the point at which elimination might be feasible by 2020 for a generalized epidemic, such as that in South Africa" (Reuters, 11/25).

Bloomberg reports that the study "hinges on emerging research suggesting that effective [antiretroviral] treatment can keep levels of the virus so low in people that the possibility it will spread is almost nil." Kevin De Cock, director of WHO's HIV/AIDS Department, said the findings are theoretical and that the organization is not changing its recommendations regarding HIV testing or treatment. However, he said in a statement that the "concept of antiretroviral treatment for HIV prevention is a very important, urgent thing to examine," adding, "We aim to stimulate discussion about what is probably the most important question in HIV prevention: when to start therapy?" (Lauerman, Bloomberg, 11/25). According to experts, the cost of the strategy would peak at about \$3.4 billion annually and decline after an initial investment (AP/Google.com, 11/25). In addition, the model would save money in the long term because there would be fewer HIV-positive people in need of treatment, the researchers said (Reuters, 11/25). "If we were to invest radically up front, we would have the opportunity to change the course of the epidemic," Julio Montaner -- an AIDS researcher affiliated with the University of British Columbia and the president of the International AIDS Society, who did not participate in the study -- said, adding, "What was cost effective based on patient outcomes now becomes cost averting once you add in the ability of antiretroviral therapy to reduce HIV transmission" (Goldstein, Wall Street Journal, 11/26). WHO researcher Reuben Granich said wider HIV/AIDS treatment also would likely reduce costs associated with other diseases common among HIV-positive people, including tuberculosis and malaria (Bloomberg, 11/25).

Nevertheless, the Journal reports that the strategy could encounter logistical and financial hurdles. "You can do a mathematical model, but that's different than actually testing an entire population, getting everyone who's positive into treatment and keeping them on treatment for the rest of their life," U.S. Global AIDS Coordinator Mark Dybul said (Wall Street Journal, 11/26). For example, increasing access to HIV testing and drugs could overwhelm already weak health care systems in Africa, according to the AP/Google.com. "This is not like giving someone a Tylenol," Jennifer Kates -- vice president and director of HIV policy at the Kaiser Family Foundation -- said, adding, "The idea should be explored, but it's a huge leap."

Myron Cohen of the University of North Carolina said, "This is certainly beyond the bounds of the current infrastructure for many countries, but that is not a reason not to think big." Another concern regarding the strategy is that providing every HIV-positive person with antiretrovirals could increase drug resistance. Furthermore, researchers do not yet know if it is safe to take antiretrovirals for decades; the oldest drug combinations

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have been around for about 12 years. Other experts also question whether the strategy might infringe on patients' rights because once an individual tests positive for HIV, he or she would be advised to begin treatment, even if they showed no symptoms. According to the AP/Google.com, "That would benefit the community, but not necessarily the patients themselves" (AP/Google.com, 11/25). The Post reports that the model only applies to the type of epidemic seen in Southern Africa, where nearly all transmission occurs through heterosexual intercourse.

Whether the findings might also apply to an epidemic in which the virus is mainly transmitted among injection drug users and men who have sex with men is not yet known. According to De Cock, WHO plans to hold a meeting early next year to examine the implications of the model (Washington Post, 11/26). In an accompanying editorial, Geoffrey Garnett of Imperial College London said, "At best, the strategy would prevent morbidity and mortality for the population, both through better treatment of the individual and reduced spread of HIV." He added, "At its worse, the strategy will involve over-testing, over-treatment, side effects, resistance and potentially reduced autonomy of the individual in their choices of care" (Reuters, 11/25). The study is available online.

ELECTION 2008

## **Advocates Urge Obama Administration To Develop U.S. HIV/AIDS Strategy**

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[http://www.kaisernetwork.org/daily\\_reports/rep\\_index.cfm?DR\\_ID=55766](http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=55766)

HIV/AIDS advocates on Tuesday called on President-elect Barack Obama to adopt a comprehensive approach to domestic HIV/AIDS policy when he takes office, CQ HealthBeat reports. The groups encouraged the incoming administration to develop a national strategy to address HIV/AIDS in the U.S. and recommended implementing a domestic HIV/AIDS program modeled after the President's Emergency Plan for AIDS Relief. HIV/AIDS researcher Robert Gallo recently proposed a similar approach. "It is astonishing that [the U.S.] has never really set an overall plan and agenda for the country, with measurable outcomes, accountability established and specific timetables for getting to those results," Rebecca Haag, executive director of AIDS Action Council, said. The advocates also called for increased federal funding for HIV/AIDS prevention, treatment and research programs and called for a departure from some policies enacted under the Bush administration. Carl Schmid, director of federal affairs at the AIDS Institute, said he is "optimistic" about Obama's election and hopes the new administration will bring "renewed leadership on the domestic HIV/AIDS front" because the disease is "still a major, significant health crisis" in the U.S. Advocates in a letter sent to Obama's transition team -- which included policy recommendations aimed at

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guiding him during his first 100 days in office -- encouraged the administration to support the higher amounts proposed for federal funding for HIV/AIDS prevention, treatment and research programs in competing fiscal year 2009 appropriations measures.

According to Schmid, the priority given to HIV/AIDS programs in the President-elect's first budget "will be a good signal to the Obama administration's commitment to the domestic [HIV/AIDS] epidemic." The advocates also called for an increase in federal funding for NIH, including an increase of \$450 million for HIV/AIDS research. They also support additional funding for CDC, including an increase of \$200 million for HIV prevention and surveillance. In addition, the group called for a \$100 million increase in FY 2009 funding for the Ryan White Program and a \$614.49 million increase for the program in FY 2010. Christine Lubinski, vice president of global health at the Infectious Diseases Society of America, said the Ryan White Program "has not been funded at adequate levels," adding, "We'll be looking for a budgeting increase and leadership in extending the Ryan White Care Act, which will sunset on Sept. 30." Haag called on Obama to end some existing policies, including the ban on federal funding for needle-exchange programs, which she called "one of the most effective" tools to reduce HIV transmission.

Haag also criticized abstinence-only sex education programs.

According to Haag, strong leadership will be necessary to unite and coordinate the efforts of 17 federal agencies that currently work on HIV/AIDS issues. "We have asked that the national AIDS strategy be driven out of the White House," Haag said, adding that "the force of the president's leadership" will be necessary to address HIV/AIDS in the U.S. (Weyl, CQ HealthBeat, 11/25).

Wednesday, November 26, 2008

## World AIDS Day

November 24, 2008

Dear Grantees and Partners:

In observance of this year's World AIDS Day (Monday, December 1, 2008), CDC's National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention would like to share with you a number of new and proven tools to help you prepare for World AIDS Day observances.

We encourage you to use the materials leading up to World AIDS Day, as well as throughout 2009, to promote HIV prevention efforts in your community. The materials can be used by your organization or in collaboration with other organizations in your city or state as well.

Facing AIDS: World AIDS Day 2008 Campaign

An exciting new campaign for this year's observance is from HHS' AIDS.gov. We are working with HHS leadership to promote AIDS.gov's "Facing AIDS: World AIDS Day 2008" Campaign.

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The Facing AIDS campaign is web-based and asks that we take time on this day to show support for those living with HIV and AIDS and to help reduce stigma around this disease. You can join in this effort too by following four easy steps:

1. Get a photo taken of yourself wearing a red ribbon. Be creative!
2. Add the photo to your social network profiles, Twitter, blog, and/or website before December 1. Leave it up for at least a week.
3. Add your photo to the "World AIDS Day 08" Flickr group!  
<<http://www.flickr.com/groups/890622@N23/>>
4. Encourage your friends to do the same and to promote HIV testing!

#### Web Buttons and Social Networking

To support HIV testing, CDC has developed new Web buttons for use on social networking sites, like Facebook, MySpace and others. The web buttons are available from [www.hivtest.org/wad/wad2008.html](http://www.hivtest.org/wad/wad2008.html).

#### Mobile Phones and Texting

This tool helps you utilize the latest cell phone-database technology. Phone users send a text message of their zip code to the numbers that spell "KNOWIT" (566948). Within seconds, they will receive a text message containing one or more HIV testing sites near them. Give it a try now on your own mobile phone!

For more information, on World AIDS Day activities please visit [www.hivtest.org/wad/wad2008.html](http://www.hivtest.org/wad/wad2008.html) for further details or contact your project officer with any questions you have about this effort. Best wishes for your success in promoting health this World AIDS Day.

Sincerely,

Kevin A. Fenton, MD, PhD, FFPH

Director

National Center for HIV/AIDS, Viral Hepatitis,

STD, and TB Prevention

Centers for Disease Control and Prevention

## **Kaiser Awards \$1 Million in Grants for HIV/AIDS Efforts in California**

This week, Kaiser Permanente announced more than \$1 million in community benefit grants to 62 not-for-profit organizations in California as part of its AIDS awareness efforts, the San Francisco Business Times reports (Raubert, San Francisco Business Times, 11/25).

The funding aims to encourage HIV/AIDS knowledge, counseling, prevention, screening and treatment efforts throughout California (Robertson, Sacramento Business Journal, 11/25). The grants were announced in advance of World AIDS Day on Dec. 1 (Stockton Record, 11/26).

Twenty four Northern California not-for-profits will receive \$750,000 in grants, and 38 Southern California not-for-profits will get \$300,000 in grants

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Grant amounts range from \$15,000 to \$60,000.

Kaiser officials said all of the funding will be distributed by the year's end (San Francisco Business Times, 11/25).

Next Article\

## **Available position, February, 2009: Senior Physician, County of San Diego, HIV, STD, Hepatitis Branch.**

Duties include serving as Medical Director for the four County STD clinics, overseeing patient care, Quality Assurance activities, staff development, and personnel issues. Other activities involve conducting community and physician outreach, designing social marketing campaigns, data analysis and writing reports and articles. For further information, contact Elaine Pierce, MD, MPH at 619 692-8806 or [Elaine.pierce2@sdcounty.ca.gov](mailto:Elaine.pierce2@sdcounty.ca.gov).

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***Read this and participate as you wish (and wish others would):***

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- 2. I cut and paste, but do not write these reports. But I'm flattered to hear that some of you thought I did.***
- 3. So please don't shoot the messenger but if you'd like, send feedback: too long? Too short? Just right? Wrong topics? Right ones? More? Less?***



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4. *If you have a story or article on STD or HIV prevention which you would like to be distributed, please forward it to me and I will include it in the next edition. If you have a job description you want included, please send a one paragraph description and web link or other contact information. Yes, three page job descriptions are in fact long. One paragraph, please.*
5. *If you would like to add your colleagues to this list, please send their names. I'll be glad to add them.*
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9. *Information is a necessary, but insufficient, cause of behavior change. Happy reading, learning, and acting*